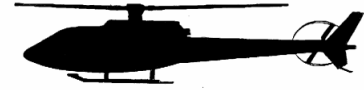


# HELICOPTER RENTAL AGREEMENT

**U. S. DEPARTMENT OF THE INTERIOR**  
**Aviation Management / Alaska Regional Office**  
**4405 Lear Court**  
**Anchorage, Alaska 99502-1032**



**VENDOR NO.: 81-ARA-**

**Flight Coordination Center (FCC) (907) 271-3935 / 6032 FAX: (907) 271-6080**

**Name and Address:**

Telephone No.:

After Hour No.:

FAX No.:

Cell No.:

E-Mail:

**A1. AIRCRAFT INFORMATION** - (This form may be used for multiple helicopters (fleet) provided the prices and information are the same for each helicopter.)

<b>FAA Reg. No.</b>	<b>N</b>		<b>N</b>		<b>N</b>	
	<b>N</b>		<b>N</b>		<b>N</b>	
	<b>N</b>		<b>N</b>		<b>N</b>	

Manufacturer and Model:

Operations for Which Approved:

VFR ☐ IFR ☐

Passenger Seats Insured (exclude pilot):

Certified Under Part 133:

YES ☐ NO ☐

Vendor's Base of Operations:

Certified Under Part 137:

YES ☐ NO ☐

**Special Equipment:** ☐ High Skid Gear ☐ Tundra Pads ☐ Pop-Out Floats ☐ Fixed Floats ☐ Intercom ☐ GPS

☐ FM Programmable Radio (☐ Narrow – ☐ Wide Band) ☐ Water Bucket ☐ Longline Equipped ☐ Heli-Torch Wiring ☐ Litter Kit

☐ Cargo Racks ☐ FLIR ☐ Seeding/Fertilizer Bucket ☐ Aux Fuel System ☐ Other: \_\_\_\_\_

**A2. RATES – PAYMENT COMPUTED IN ACCORDANCE WITH THE AIRCRAFT RENTAL AGREEMENT**

(1) Rate Per Flight Hour:	WET WITH PILOT	DRY WITH PILOT	*WET WITHOUT PILOT	*DRY WITHOUT PILOT
	\$	\$	\$	\$

(2) Guarantee in Flight Hours Each Day Averaged Over Period of Use (Subject to clause C8.3.4): \_\_\_\_\_ Hours

(3) Additional Amount Per Flight Hour When Copilot is Requested: \$ \_\_\_\_\_

(4) Per Day Cost For Additional Flight Crew: \$ \_\_\_\_\_

(5) Standby Rate Per Hour: \$ \_\_\_\_\_

(6) Vendor's Standby Terms (Refer to clause C8.3.3.1):

(7) Fuel Cost – Used in Computing Wet Rates Offered Above: \$ \_\_\_\_\_ Per Gallon Consumption Rate: \_\_\_\_\_ GPH

(8) The Vendor shall be reimbursed for overnight allowances not to exceed the amounts set forth in the Civilian Personnel Per Diem Bulletin found at <http://www.gsa.gov>. These rates are subject to change. (Refer to clause C8.4.1)

**\* WITHOUT PILOT** Contact Flight Coordination Center before filling in price. Evidence of hull insurance to cover Government pilots is required. (Refer to clause C3.3)

**A3. TERMS AND CONDITIONS** – The Vendor agrees to perform services in accordance with the terms and conditions of the Aircraft Rental Agreement, and any applicable supplements, which are attached or incorporated by text. This Agreement is only applicable to transactions conducted through the Department of the Interior, Aviation Management (DOI AM). The Vendor certifies the above listed aircraft are under Part 135 and that insurance coverage required under clause C3.1 is in effect.

<b>SIGNATURE OF VENDOR</b>	<b>NAME AND TITLE (Type or Print)</b>	<b>DATE</b>
<b>SIGNATURE OF CONTRACTING OFFICER</b>	<b>NAME AND TITLE (Type or Print)</b>	<b>DATE</b>